

# Chesapeake Polyamory Network

P.O. Box 5805  
Takoma Park, MD 20913  
(240) 374-4224

## **Application for Membership**

Please clearly print all entries except your signature. Use a separate form for each person. Checks should be made payable to Chesapeake Polyamory Network (or CPN). \* = Required information.

\*Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

\*Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address (required for "members only" Yahoo group): \_\_\_\_\_

Home phone: (\_\_\_\_)\_\_\_\_\_ Cell phone: (\_\_\_\_)\_\_\_\_\_ Work phone: (\_\_\_\_)\_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Dues (per member)**

- \$35 *Full membership*
- \$15 *Friend of CPN (non-voting membership category)*

What talents/skills would you consider sharing with CPN?

- Bookkeeping
- Computer Skills
- Event Hosting
- Event Planning
- Graphic Design
- Workshop/Conference Presenter
- Other (please specify) \_\_\_\_\_

How did you hear about CPN? \_\_\_\_\_

\*Why do you wish to join CPN? \_\_\_\_\_  
\_\_\_\_\_

I hereby apply for membership in the Chesapeake Polyamory Network. I certify that I am at least 18 years of age. By signing this application, I acknowledge that I have received and read, and agree to abide by CPN's Code of Ethics and Rules of Conduct.

\_\_\_\_\_  
\*Signature (required)

\_\_\_\_\_  
Date

### **Board use only:**

Dues paid \$ \_\_\_\_\_ [check/cash] Date \_\_\_\_\_ Treasurer's Signature \_\_\_\_\_